

It appears that (A)
will be splitting to:


(A) BMWs - Municipal

(E) Lewis - Domestic

Set up app @ @3
then when Res
issues it will
become

@3 (A) BMW

@3 (E) Lewis


04-24-13



Water Resources Program

Application for Change/Transfer of Water Right



For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY

CHEL-13-01 CS4-09550C@3

(Check all that apply.)

- ☒ Change purpose(s) of use
☒ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: Transfer portion of muni-water out-of-district
for domestic use

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	4-11-13
CHECK NO.	Cel89 FEE \$
DATE ACCEPTED	4-11-13 BY <i>pc</i>
CHANGE NO.	CHEL-13-01
COUNTY	Chelan WRIA
SPECIAL AREA	
SEPA: <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> NOT EXEMPT	
ECY CODING: 001-002-WR10285-000011	
APP NO.	19075 PERMIT NO. 14033
CERT NO.	09550 CERT OF CHG NO.

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Bear Mountain Water District	509 682-5444	
ADDRESS		
P.O. Box 3091		
CITY	STATE	ZIP CODE
Chelan	WA	98816
CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Marc Marquis	(509) 679-0337	
ADDRESS		
Peterson & Marquis Law Office 1227 First St.		
CITY	STATE	ZIP CODE
Wenatchee	WA	98801
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
LEWIS JEFFREY P. CHELAN RESID TRUST & MAUREEN T. LEWIS CHELAN RESID TRUST	206-890-8318	
ADDRESS		
10920 South Deer Drive		
CITY	STATE	ZIP CODE
Woodway	WA	98020

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
SWC 9550	Charles O. Clark & Mary L. Lewis
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established.
Also, if you have a water system plan or conservation plan, please include a copy with your application.

CHEL-13-01

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3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Chelan		SE	SW	8	27	22E	272208705125	
Lake Chelan		NW	NW	16	27	22E	272216220050	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Lake Chelan		SW	NE	24	29	20E	292024820080	
Lake Chelan		SE	SW	8	27	22E	272208705125	
Lake Chelan		NW	NW	16	27	22E	272216220050	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME: LEWIS JEFFREY P. CHELAN
RESID TRUST & MAUREEN T. LEWIS CHELAN RESID TRUST

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal (see DOE mod letter 11/30/12)	0.36cfs	96.7af	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
(BMWD) Municipal	0.294cfs	93.2af	Continuous
(Lewis) Domestic	0.066cfs	3.5af	Continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Service Area of Bear Mountain Water District Water System Plan							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7,8,16,17	27	22	Chelan	Multiple	
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: <u>Bear Mountain Water District</u>							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
(BMWD) Service Area of Bear Mountain Water District Chelan County, WA							
(Lewis) ROBISONS HOLIDAY POINTs LOT 15,s LOT 3 BLA 2009-136, BLA 1999-035s ACRES 2.0500							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7,8,16,17	27	22E	Chelan	Multiple	
SW	NE	24	29	20E		292024820080	2.05
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: LEWIS JEFFREY P CHELAN RESID TRUST & MAUREEN T LEWIS CHELAN RESIDTRUST							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

The applicant seeks to transfer a portion of the subject municipal right to a new place of use located outside of the Water District’s service area for continuous domestic supply from a surface water diversion located on the shoreline of the proposed parcel.

The balance of the water right not proposed for change shall be retained by the District.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

MARC MARQUIS, BMW D Aty
Applicant Printed Name – Title

[Signature]
Applicant Signature

____/____/____
(Date)

Water Right Holder Printed Name

Water Right Holder Signature

____/____/____
(Date)

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

____/____/____
(Date)

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

____/____/____
(Date)

Please check the region in which the project is located:

*Submit your application to:

DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 47611
OLYMPIA, WA 98504-7611

☒ Central Regional Office
15 W Yakima Avenue, Suite 200
Yakima, WA 98902
(509) 575-2490

☐ Eastern Regional Office
4601 N. Monroe Street
Spokane, WA 99205-1295
(509) 329-3400

☐ Northwest Regional Office
3190 – 160th Avenue SE
Bellevue, WA 98008-5452
(425) 649-7000

☐ Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
(360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____